

# **PERSON-CENTERED PLANNING**

## **Charge to Workgroup**

- Review and monitor the implementation of recommendation # 1 of the Medicaid Long-Term Care Task Force.
- Engage their members, volunteers, and constituencies in advocacy for the successful implementation of the Task Force recommendations.
- Assist the Commission in being an effective and visible consumer advocate for the Person-Centered Planning process throughout the long-term care and supports system.
- Present findings and recommendations regularly to the Commission for next steps and potential changes in policy that will implement Person-Centered Planning across the array of long-term care and supports.
- Ensure all recommendations:
  - Involve consumers and broad public participation in planning.
  - Promote an array of long-term care services and supports.
  - Promote the concept of money (funding) following the person to wherever that person chooses to live.
  - Assure evaluation is addressed.
  - Assure consistency with the overall commission process for statewide impact.

**Background** - Task Force Recommendation # 1: Require and Implement Person-Centered Planning Practices.

### **Strategies / Action Steps**

The state should require and implement person-centered planning processes in statute and policy throughout the LTC system. As written in the Michigan Mental Health Code, “Person-centered planning” refers to “a process for planning and

supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires." MCLA 330.1700(g). The process begins as soon as the person enters the LTC system and continues as the person seeks changes. Person-centered planning is designed to allow people to maximize choice and control in their lives. A consumer-chosen supports coordinator/facilitator located at each SPE (see below) will help the consumer navigate through a full range of services, supports, settings, and options.

### **Strategies / Action Steps**

1. Require implementation of person-centered planning in the provision of LTC services and supports. Include options for independent person-centered planning facilitation for all persons in the LTC system.
2. Revise health facility and professional licensing, certification criteria, and continuing education requirements to reflect a commitment to organizational culture change, person-centered processes, cultural competency, cultural sensitivity, and other best practices.
3. Require all Single Point of Entry agencies to establish and utilize person-centered planning in their operations. Review and refine practice guidelines and protocols as part of the first year evaluation of the SPE pilot projects.
4. Include person-centered planning principles in model legislation to amend the Public Health Code.
5. Early in the implementation process, ensure the provision of training on person-centered planning to long-term care providers, regulators, advocates, and consumer.

6. Require a continuous quality improvement process to ensure continuation and future refinement of person-centered planning in all parts of the system.

### **Benchmarks**

1. Legislation requiring person-centered planning in the provision of LTC is passed in the current legislative session.
2. By January 1, 2006, the Department of Community Health, with the involvement of stakeholders, will establish in policy a person-centered planning protocol specific to LTC consumers.
3. Person-centered planning training is developed and provided to LTC providers, regulators, and advocates.
4. By October 1, 2006, each entity providing LTC services will have person-centered policies and training in place.
5. Regulatory survey and program monitoring processes are revised to include a review of the integration of person-centered planning in supports coordination activities.